County: Waukesha
HEARTLAND HEALTH CARE CENTER - PEWAUKEE
N26 W23977 WATERTOWN ROAD
WAUKESHA 53188 Phone: (262) Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 97

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Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No Yes No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	0. 0 43. 9 0. 0 0. 0 0. 0 0. 0 10. 3 5. 6	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	1. 9 13. 1 38. 3 42. 1 4. 7 	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***********************  Full-Time Equival Nursing Staff per 100 (12/31/00)	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill	No Yes No	Cerebrovascular Di abetes Respiratory Other Medical Conditions	15. 9 5. 6 5. 6 11. 2	Sex Mal e Femal e	31. 8 68. 2	RNs LPNs Nursing Assistants Aides & Orderlies	7. 6 12. 1 45. 2
Provi de Day Programming for Developmentally Disabled	No		100. 0		100. 0		ate ate ate ate ate ate ate ate ate

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manage	ed Care	Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Diem	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	19	100. 0	\$263. 42	49	98. 0	\$97. 60	Ŏ	0. 0	\$0.00	36	100. 0	\$164.00	2		\$360.00	106	99. 1%
Intermedi ate				1	2.0	\$85. 21	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	19	100.0		50	100. 0		0	0.0		36	100.0		2	100.0		107	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons,	Servi ces,	and Activities as of	12/31/00
beachs burning kepotering retrou				% Need	di ng		Total
Percent Admissions from:		Activities of	%	Assi star		% Totally	Number of
Private Home/No Home Health	15.8	Daily Living (ADL)	Independent	One Or Tv	wo Staff	Dependenť	Resi dents
Private Home/With Home Health	0.0	Bathi ng	12. 1	62.		25. 2	107
Other Nursing Homes	13. 7	Dressi ng	15. 9	57.		26. 2	107
Acute Care Hospitals	67. 4	Transferring	26. 2	53.		20. 6	107
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 2	68.		6. 5	107
Rehabilitation Hospitals	2. 1	Eating	60. 7	35.	5	3. 7	107
Other Locations	1.1	*********	******	******	******	********	******
Total Number of Admissions	190	Continence	1 ( .)		cial Treati		<b>~</b> %
Percent Discharges To:	44 0	Indwelling Or Externa				espiratory Care	7. 5
Private Home/No Home Health	41. 2	Occ/Freq. Incontinent				racheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Rowel		eceiving Su		0. 0
Other Nursing Homes	12. 4	M-1:1:4				stomy Care	0. 9
Acute Care Hospitals	13. 5 0. 0	Mobility   Physically Restrained				ube Feeding	3. 7 Di ets 34. 6
Psych. HospMR/DD Facilities Rehabilitation Hospitals	0. 0	Physically Restrained		9. 3 Re	ecerving Ma	echanicallÿ Altered D	nets 34. 6
Other Locations	2. 4	Skin Care		0+ba	n Posidoni	t Characteristics	
Deaths	30. 6	With Pressure Sores				e Directives	61. 7
Total Number of Discharges	30. 0	With Rashes			cations	Directives	01. 7
(Including Deaths)	170	Washes				sychoactive Drugs	53. 3
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		Ownershi p:		Bed	Si ze:		ensure:		
	This Proprietary		100-	199	Ski l	led	Al l		
	Facility	lity Peer Group		Peer		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 8	74. 6	1.08	83. 3	0. 97	81. 9	0. 99	84. 5	0. 96
Current Residents from In-County	72. 9	84. 4	0. 86	<b>85.</b> 0	0.86	85. 6	0.85	77. 5	0.94
Admissions from In-County, Still Residing	28. 4	20. 4	1.40	19. 2	1.48	23. 4	1. 21	21. 5	1. 32
Admissions/Average Daily Census	195. 9	164. 5	1. 19	196. 7	1.00	138. 2	1. 42	124. 3	1. 58
Discharges/Average Daily Census	175. 3	165. 9	1.06	194. 3	0. 90	139. 8	1. 25	126. 1	1. 39
Discharges To Private Residence/Average Daily Census	72. 2	<b>62</b> . 0	1. 16	76. 2	0. 95	48. 1	1. 50	49. 9	1.45
Residents Receiving Skilled Care	99. 1	89. 8	1. 10	91. 2	1.09	89. 7	1. 10	83. 3	1. 19
Residents Aged 65 and Older	98. 1	87. 9	1. 12	93. 9	1.04	92. 1	1. 07	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	46. 7	71. 9	0. 65	60. 4	0. 77	65. 5	0. 71	69. 0	0. 68
Private Pay Funded Residents	33. 6	15. 0	2. 24	26. 5	1. 27	24. 5	1. 38	22. 6	1.49
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 6	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	44. 9	31. 7	1.42	26. 6	1.69	31. 5	1. 43	33. 3	1. 35
General Medical Service Residents	11. 2	19. 7	0. 57	22. 9	0.49	21.6	0. 52	18. 4	0.61
Impaired ADL (Mean)	44. 5	50. 9	0.87	48. 7	0. 91	50. 5	0.88	49. 4	0. 90
Psychological Problems	53. 3	<b>52.</b> 0	1.03	50. 4	1.06	49. 2	1. 08	50. 1	1.06
Nursing Care Required (Mean)	7.8	7. 5	1. 04	7. 3	1.08	7. 0	1. 11	7. 2	1.09